


ATTACHMENT

Example of green foster care temporary Medicaid card

Front of temporary card

AGENCY		ELIGIBLE FOR DATES		
ID NUMBER	ELIGIBLE RECIPIENT	BIRTHDATE	SEX	OTHER COVERAGE
		<div style="border-left: 1px dashed black; border-right: 1px dashed black; height: 40px; margin: 0 auto; width: 20px;"></div>	<div style="border-left: 1px dashed black; border-right: 1px dashed black; height: 40px; margin: 0 auto; width: 20px;"></div>	
<small>OUT-OF-STATE NON-EMERGENCY SERVICES REQUIRE PRIOR AUTHORIZATION. YOUR PROVIDER MUST WRITE TO: WISCONSIN MEDICAID OUT-OF-STATE PRIOR AUTHORIZATION STE 88 6406 BRIDGE RD MADISON WI 53704-0088</small>		STATE OF WISCONSIN MEDICAID FOSTER CARE PROGRAM TEMPORARY IDENTIFICATION CARD FXXXXXX		

Back of temporary card

**WISCONSIN MEDICAID
RECIPIENT SERVICES
PO BOX 6678
MADISON WI 53716-0678**

NOTICE TO PROVIDERS:

THIS TEMPORARY MEDICAID IDENTIFICATION CARD IS BEING USED WHILE MEDICAID ELIGIBILITY IS PROCESSED FOR THE FOSTER CHILD NAMED ON THE FRONT. THE INFORMATION ON THIS CARD IS MANUALLY COMPLETED BY THE FOSTER CARE AGENCY, AND **THE CARD WILL OFTEN BE PRESENTED BEFORE THE ELIGIBILITY INFORMATION IS TRANSMITTED TO THE MEDICAID FISCAL AGENT.** ELIGIBILITY IS GUARANTEED FOR THE DATES SHOWN ON THE FRONT AND IT IS IMPORTANT TO PROVIDE SERVICES WHEN THIS CARD IS PRESENTED. REFER TO THE ALL-PROVIDER HANDBOOK FOR FURTHER INFORMATION REGARDING THE TEMPORARY IDENTIFICATION CARD. PROVIDERS ARE ENCOURAGED TO KEEP A PHOTOCOPY OF THIS CARD.

NOTICE TO CARDHOLDERS:

THIS IS A TEMPORARY MEDICAID IDENTIFICATION CARD FOR THE CHILD IN YOUR CARE. IT IS VALID FOR THE DATES SHOWN ON THE FRONT. KEEP THIS CARD WITH YOU UNTIL IT EXPIRES OR UNTIL YOU RECEIVE A REPLACEMENT IDENTIFICATION CARD FOR THE CHILD.

FOR QUESTIONS REGARDING:
 MEDICAID ELIGIBILITY, CALL THE CERTIFYING FOSTER CARE AGENCY.
 MEDICAID SERVICES COVERAGE, CALL 1-800-382-3002 (TTY AVAILABLE).